

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0034350

DOCUMENT # L00000008977

1. Entity Name

RICHLAND TOWERS - KNOXVILLE, LLC



FILED

03 MAY -1 PM 12:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



☒ CHECK HERE IF MAKING CHANGES

Principal Place of Business

4890 W. KENNEDY BLVD., SUITE 850  
TAMPA FL 33609

Mailing Address

4890 W. KENNEDY BLVD., SUITE 850  
TAMPA FL 33609

2. Principal Place of Business

3. Mailing Address

4890 West Kennedy Blvd.  
Suite 920  
City & State  
Tampa, FL 33609-1863

4890 West Kennedy Blvd.  
Suite, Apt., W., Etc.  
Suite 920  
Tampa, FL 33609-1863

Zip

Country

Zip

Country

4. FEI Number 59-3700407

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEST, DALE A  
4890 W. KENNEDY BLVD., SUITE 850  
TAMPA FL 33609

Name F&L CORP.  
Street Address THE GREENLEAF BUILDING  
200 LAURA STREET, 3RD FLOOR  
JACKSONVILLE, FL 32202-3510  
City FL Zip Code

8. The above named entity submits this statement of the obligations of registered agent.

By: R.J. Wolfe, V.P. 4/28/03

at office or registered agent, or both, in the State of Florida. I am familiar with, and accept

SIGNATURE *RJ Wolfe*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2003

800017799848  
05/01/03--01009--014 \$5.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR  
NAME RICHLAND TOWERS-BROADCAST, INC.  
STREET ADDRESS 4890 W KENNEDY BLVD., #850  
CITY-ST-ZIP TAMPA FL 33609-1863 ☐ Delete

TITLE MGR ☒ Change ☐ Addition  
NAME RICHLAND TOWERS-BROADCAST, INC.  
STREET ADDRESS 4890 W. KENNEDY BLVD. STE. 920  
CITY-ST-ZIP TAMPA, FL 33609-1863

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
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CITY-ST-ZIP

☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *DAVID M. LAMONTAGNA* 4-25-03 (813) 286-4140  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)